

**BREVARD COUNTY  
LICENSING REGULATION & ENFORCEMENT  
2725 Judge Fran Jamieson Way, Suite #A-105  
Viera, FL 32940**

Phone (321) 633-2058 Fax (321) 690-6878 www.brevardcounty.us/licensing

**APPLICATION FEES ARE NON-REFUNDABLE**

**MASTER/JOURNEYMAN EXAMINATION APPLICATION AND FEES**

Attach  
Recent  
Photo

Trade Category (Check one):

**JOURNEYMAN**

AIR CONDITIONING .....\$65.00 ( )  
\*ELECTRICIAN.....\$65.00 ( )  
\*PLUMBER.....\$65.00 ( )  
ROOFER .....\$65.00 ( )  
SHEETMETAL.....\$65.00 ( )

**MASTER**

ELECTRICIAN .....\$110.00 ( )  
PLUMBER.....\$110.00 ( )

**The following document must be submitted with application:**

1. **Application fee as indicated above**
  - make checks payable to **Brevard County BOCC**,
2. **Copy of driver's license**
3. **Notarized documentation of experience on attached Experience Form.**
4. **Signed Social Security Number Disclaimer**

1. Name: \_\_\_\_\_  
Last First Middle

2. Address: \_\_\_\_\_  
House Number Street

City State Zip

3. Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

4. Home Phone No. ( ) \_\_\_\_\_ Daytime Phone No ( ) \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

DATE	CAP ID	PYMT TYPE	INVOICE #	STAFF

## Application for Exam

5. U.S. Citizen? YES ☐ NO ☐

6. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

### EMPLOYMENT / EDUCATION INFORMATION – TO BE COMPLETED BY THE APPLICANT

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

Total years as Helper: \_\_\_\_\_ Total years as licensed Journeyman: \_\_\_\_\_

## Application for Exam

SCHOOLING – Provide copies of certificates/diplomas/transcripts

High School \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

College \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

Apprenticeship School \_\_\_\_\_ No. Yrs attended \_\_\_\_\_

I, \_\_\_\_\_, certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary

(Notary Seal)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## **EXPERIENCE REQUIREMENTS**

ALL JOURNEYMAN APPLICANTS shall provide evidence of four (4) years experience in the trade; however, the Contractors' Licensing Board may reduce said requirement to two (2) years for individuals who show proof of formal education in the applicable trade. An individual who has completed four (4) years (2000 hours OJT per year) of apprenticeship training in the trade and furnishes a certificate as proof of training are considered to have the required experience.

ALL MASTER APPLICANTS shall provide evidence of five (5) years of practical experience in the trade, of which a minimum of three (3) years can be as a journeyman. The Contractors' Licensing Board may consider a person's formal vocational education as practical experience in the trade.

**MASTERS ARE NOT CONTRACTORS, CANNOT PULL PERMITS OR OPERATE A BUSINESS**

**EXPERIENCE MUST BE DOCUMENTED IN WRITING BY YOUR EMPLOYER(S) (PAST OR PRESENT) FOR PROOF OF EXPERIENCE**, see attached. More than one experience form may be used or original letters on business letterhead or original notarized letters. The letters must be specific to the type of work that was done and must document the dates of employment. All documents must be originals.

If Experience Documentation is not completed by a certified contractor, the documentation may be completed by authorized personnel who has or had job related direct contact with applicant, i.e., job superintendent or supervisor.

# EMPLOYER EXPERIENCE VERIFICATION FORM

This applicant is requesting that you certify as to your knowledge of his experience as your employee by completing this form. The attached form is used in support of the applicant's qualifications. Details and specific information is required. This form becomes the property of Contractor Licensing when it is submitted. Please complete and return to the applicant.

Applicant's Name \_\_\_\_\_

Classification \_\_\_\_\_

Address \_\_\_\_\_

I, \_\_\_\_\_, License # \_\_\_\_\_,  
Print Contractor/Supervisor's Name Competency

certify that I employ(ed) \_\_\_\_\_  
Applicant

from \_\_\_\_\_ to \_\_\_\_\_ and I know of my own  
Start Date End Date

direct knowledge that said applicant was employed as follows:

## **DESCRIBE IN DETAIL**

Positions held (include dates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe work performed (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Experience Form

Type of buildings, structures, job projects worked on (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information (schools, apprenticeship programs, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EXPERIENCE VERIFIED BY:**

Print Name: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I certify under penalty of perjury the forgoing is true and correct.

\_\_\_\_\_, License # \_\_\_\_\_  
Signature of Contractor/Supervisor License Number

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary (Notary Seal)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## SOCIAL SECURITY NUMBER DISCLAIMER

\*\* "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
Date

**Please cut along dotted line and keep bottom portion of the disclaimer for your records**

.....

\*\* "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welform Reform Act), 104 Pub.L. 193, Sec.317."